



Utility of magnetic resonance imaging for placenta accreta spectrum (PAS) disorders

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To the Editor,

I read the recent paper by Jha et al. on placental bulge sign of myometrial invasion on magnetic resonance (MR) imaging for placenta accreta spectrum (PAS) disorders [1]. The study has a unique quality in its methodology comparing imaging to histopathological findings. However, the conclusion that it is important for appropriate presurgical planning needs to be further discussed.

It is established that MR imaging is useful in assessing the depth of myometrial invasion [2, 3]. However, as MR imaging is not available in every obstetrical center and is in short for many patients, coupled with the fact that ultrasound and MR imaging have comparable predictive parameters [4], its utilization for presurgical planning is a limited resource. Moreover, a recent study found that MR imaging diagnosis, when changing clinical management of PAS, was often incorrect [5].

As ultrasound is a sound measure for PAS diagnosis and delineation, it is not clear if MR imaging improves the diagnosis of PAS beyond what can be achieved by well experienced ultrasound operators. The cost of MR imaging and the limited access for many patients make it impractical for many patients with suspected PAS.

Moreover, as planned cesarean hysterectomy with the placenta left in situ is the recommended management strategy for PAS by ACOG [6], the presurgical planning is of somewhat limited additive value as we will opt for cesarean hysterectomy for most of these patients.

Compliance with ethical standards

Conflict of interest The author states that there is no conflict of interest or funding source.

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